

FY 2008-09 APPLICATION FOR FREE AND REDUCED-PRICE CACFP Meals

ONE APPLICATION PER HOUSEHOLD

To apply for free and reduced price meals, complete this application, sign your name and return the application. Please call the following number if you need help: _____

1 Enrolled child or children – Please print.			2 List the case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not allowed.	
CHILDS NAME	Age	Food Stamp Case No.	TAFI CASE NO. IF APPLICABLE	FDPIR CASE NO. IF APPLICABLE
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

3 FOSTER CHILD: ☐ Check box if applying for a foster child. **Complete a separate application for each foster child. List the child's monthly personal use income.** Write "0" if the child has no personal use income. Skip Part 4 and complete Part 5. A social security number is not required for foster parents. \$ _____

4 HOUSEHOLD MEMBERS AND INCOME: List all members not listed above. If you listed a food stamp, TAFI, or FDPIR number for each child, skip to Part 5.

List the names of everyone in your household and gross income they receive except for children listed above (unless they have income). If household member listed below has no income, you must check the NO INCOME box.	NO INCOME	Earnings from Work Before Deductions		Welfare, Child Support, Alimony Received		Pensions, Retirement, Social Security		All Other Income	
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?
1 _____	<input type="checkbox"/>								
2 _____	<input type="checkbox"/>								
3 _____	<input type="checkbox"/>								
4 _____	<input type="checkbox"/>								

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that day care center officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. If on Food Stamps, TAFI or FDPIR, a Social Security number is not required. Just sign in Box #5.

SOCIAL SECURITY NUMBER*

☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

X _____
Signature of Adult Household Member

☐ I do not have a Social Security Number

Printed Name of Above Signature _____ Home Phone No. _____ Work Phone No. _____

Street/Apt. Number _____ P. O. Box No. _____

City _____ State _____ Zip _____ Date Signed _____

6 RACE/ETHNIC IDENTITY-OPTIONAL

Mark one or more racial identities:

☐ ASIAN
☐ WHITE
☐ BLACK OR AFRICAN AMERICAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ OTHER

Mark one ethnic identity:

☐ HISPANIC OR LATINO
☐ NON HISPANIC OR LATINO

PRIVACY ACT STATEMENT: Section 9 of the National School Lunch Act requires that, unless your child's Food Stamp, TAFI, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Stamp or welfare office to determine current certification for receipt of Food Stamps, TAFI, or FDPIR benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

DO NOT WRITE IN BOX BELOW - FOR CHILDCARE CENTER USE ONLY

ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12 <input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Household income: \$ _____ How often _____ Annual Income \$ _____ Household size: _____		DENIED: <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other	
TEMPORARY APPROVAL FOR: <input type="checkbox"/> Free Meals, expires _____	APPROVED FOR: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> WITHDRAWAL DATE _____		
Signature of Determining Official: X _____			
Date signed _____			

REQUIRED PARENT/GUARDIAN LETTER FY 2009

Dear Parent or Guardian:

Providing child care and early childhood programs at rates that parents can afford is a growing challenge and requires taking advantage of all available funding resources. One of these resources is the Child and Adult Care Food Program cash reimbursement program for meals and/or snacks from the United States Department of Agriculture and the Idaho State Department of Education. This benefits you and your family because it helps us keep the charge for child care low.

To enable us to keep our fee schedule low and provide nutritious food service for children, we need the information requested on the attached *Free and Reduced-price Meal Application*. Please complete, sign, and return this form today or as soon as possible. **This information will be kept strictly confidential.**

In order to be considered eligible for free or reduced price meals, this application form must contain complete documentation of eligibility information including current household income by source and frequency of receipt, the names of all household members, and the social security number of one adult household member 21 years of age or older. If the adult member does not possess a social security number, write "none" and sign and date the form.

Food Stamp, Food Distribution Program in Indian Reservations (FDPIR), Temporary Assistance to Families in Idaho (TAFI) households need only supply the names of the children receiving these benefits, the case number, the signature of an adult household member, and date of the signature.

Foster children are eligible for free or reduced price meals regardless of the income of the household in which they reside. Households wishing to apply for such benefits for foster children should complete Part 2 "Foster Child" of the application.

If your child has been determined by a doctor to be disabled and the disability would prevent the child from eating the regular meals at the center, we will make any substitutions prescribed by the doctor at no extra charge. Bring to the center the doctor's note that verifies special meals are needed due to the disability and which prescribes the alternate foods needed. This applies to allergies as well.

If your household income is less than or equal to the income levels below, the center receives more reimbursement for the nutritious meals served to your children without additional charge to you.

Income Eligibility Guidelines Effective Dates July 1, 2008 - June 30, 2009

FREE				REDUCED		
Annual	Monthly	Weekly	Household Size	Annual	Monthly	Weekly
13,520	1,127	260	1	19,240	1,604	370
18,200	1,517	350	2	25,900	2,159	499
22,880	1,907	440	3	32,560	2,714	627
27,560	2,297	530	4	39,220	3,269	755
32,240	2,687	620	5	45,880	3,824	883
36,920	3,077	710	6	52,540	4,379	1,011
41,600	3,467	800	7	59,200	4,934	1,139
46,280	3,857	890	8	65,860	5,489	1,267
+4,680	+390	+90	For each additional family member add:	+6,660	+555	+129

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint, write USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.